

**STATE OF IOWA**  
Department of Administrative Services  
Human Resources Enterprise

**PREMIUM CONVERSION (PRETAX) PROGRAM**

The State's Premium Conversion Program offers a way of funding your insurance premiums for your group health, dental, and supplemental life insurance policies with pretax dollars. Amounts you contribute to the program are not taxed for federal or state income taxes or Social Security. You are automatically enrolled in this program unless you elect out. For more information, contact your personnel assistant or DAS-HRE.

PLEASE PRINT

Name \_\_\_\_\_ SSN \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

**NEW HIRES.** You are automatically enrolled unless you elect out of the program and return this form to your personnel assistant within 30 days of hire.

\_\_\_\_\_ I elect not to participate.

Date of Hire: \_\_\_\_\_

**ENROLLMENT/CHANGE.** If you change your election during open enrollment, your election becomes effective with the first paycheck the next calendar year. Check (✓) one:

\_\_\_\_\_ I elect to participate

\_\_\_\_\_ I elect not to participate

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**CHANGE IN FAMILY OR EMPLOYMENT STATUS.**

I am electing to make a change in my participation in the premium conversion program as a result of a change in family or employment status. I certify that the following "qualified change" occurred on \_\_\_\_\_ (date). I understand that this form must be submitted to my personnel assistant within 30 days of the event.

Check (✓) the appropriate box(es).

- |                                                    |                                                        |
|----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> marriage                  | <input type="checkbox"/> change in spouse's employment |
| <input type="checkbox"/> divorce                   | <input type="checkbox"/> loss of dependent/s           |
| <input type="checkbox"/> birth/adoption of a child | <input type="checkbox"/> other (specify) _____         |

Check (✓) one:

\_\_\_\_\_ I elect to participate.

\_\_\_\_\_ I elect not to participate.

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Employee's Signature

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Date

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Personnel Assistant's Signature

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Date Received

Send to: Jennifer Sandusky · DAS-HRE · 400 E 14<sup>th</sup> St · Des Moines IA 50319  
515-281-0569 (phone) · 515-281-5102 (fax) · [jennifer.sandusky@iowa.gov](mailto:jennifer.sandusky@iowa.gov)  
[http://das.hre.iowa.gov/premium\\_conversion\\_home.html](http://das.hre.iowa.gov/premium_conversion_home.html)